

2015 Annual Survey of Income and Expense



Nassau County Department of Assessment
240 Old Country Road, 4th Floor
Mineola, NY 11501
Attn: ASIE Compliance

ASIE 2015
Annual Survey of
Income & Expense

Section A - Property Identification (Mandatory)

1	List Only the Primary Section Block & Lot			For Office Use Only
	Section	Block	Lot	
2	Property Address			
	Street Address		City, State, Zip	
3	Mailing Address Correction - Only if you wish to change address on letter			
	Street Address		City, State, Zip	

Section B - Contact Information

4	Owner's Name:	5	Organization
6	Contact's Name:	7	Contact's Relation to Property
8	Contact's E-mail Address (Required):	9	Contact's Phone (Required):

Section C - Contiguous Lots

You may consolidate your filings below for properties that are PHYSICALLY CONTIGUOUS AND/OR ADJACENT ONLY . These properties must be COMMONLY OWNED AND OPERATED . Any filing which does not meet these parameters will be considered NON-COMPLIANT.				
	Section	Block	Lot	Parking Lot
10	Property #1			<input type="checkbox"/>
	Property #2			<input type="checkbox"/>
	Property #3			<input type="checkbox"/>
	Property #4			<input type="checkbox"/>
	Property #5			<input type="checkbox"/>

Section D - Special Filing Exceptions

11	<input type="checkbox"/>	Properties that are 100% OWNER OCCUPIED or occupied by an owner related party or entity. NO PORTION OF THE PROPERTY CAN BE RENTED. Check this box and sign certification.					
12	<input type="checkbox"/>	Properties that were UNDER CONSTRUCTION AND NOT LEASED IN 2015. Check this box and sign certification.					
13	<input type="checkbox"/>	Properties that were PURCHASED BETWEEN 05/01/2015 AND 06/01/2016: COMPLETE SECTIONS F THROUGH H TO THE EXTENT THAT DATA IS AVAILABLE.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DATE OF SALE:</td> <td style="width: 50%;">SALE PRICE:</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	DATE OF SALE:	SALE PRICE:		
DATE OF SALE:	SALE PRICE:						

Section E - Contamination

	Has Your Property Been Documented as Contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14	/		
	Date	Issuing Authority	

Section F - Income

	Apartment Income*	Reporting Year from ___/___/___ to ___/___/___		
		# of Units	# of Vacant Units	2015 Yearly Rental Income
15	Unregulated Apartments			
16	Regulated Apartments (Please detail in notes)			
17	Paid Parking			
18	Owner Occupied			
19	Total Apartment Income (Add lines 14 thru 18)			

Section F - Income (continued)

	Commercial Income	# of Units	# of Vacant Units	2015 Yearly Rental Income
20	Leases Parking Facilities			
21	Retail			
22	Offices			
23	Industrial			
24	Warehouse			
25	Other (<i>Detail in notes</i>)			
26	Ground Rent			
27	Owner Occupied			
28	Total Commercial Income (Add lines 20 thru 27)			
	Ancillary Income			
29	Government Subsidy			
30	Sales & Services			
31	Real Estate Tax Escalation			
32	Operating Escalation			
33	Cell Sites & Towers			
34	Total Ancillary Income (Add lines 29 thru 33)			
35	Total Gross Income from All Sources (Add lines 19,28 and 34)			

Section G - Expenses

36	Electricity	
37	Fuel / Heat	
38	Water & Sewer	
39	Wages & Payroll	
40	Contract Services	
41	Interior Paint & Decorating	
42	Repairs (<i>Excluding Capital Improvements</i>)	
43	Reserves for Replacement	
44	Maintenance	
45	Insurance	
46	Management Fees	
47	Administrative Expenses	
48	Advertising	
49	Legal	
50	Accounting	
51	Miscellaneous (<i>Itemize in Notes</i>)	
52	Total Expenses (Add lines 36 thru 51)	

Notes

Section H - Certification (Mandatory) and Rent Roll requirement.
☐ Attached is my Rent Roll. ☐ Electronic Rent Roll will be forwarded to ASIE@NassauCountyNY.gov.

☐ I hereby certify that I am the owner or other person responsible for the payment of taxes, or the person authorized by the owner or taxpayer to make this statement. I certify that all information contained in the statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the penal law relevant to the making and filling of false instruments. I understand that the willful making of any false statement of material fact herein will also deem this filing untimely.

Name of individual certifying this statement _____

The individual certifying is: ☐ The applicant ☐ Authorized representative listed in Section B ☐ Member or manager of applicant LLC ☐ General partner of applicant ☐ Officer of corporate applicant ☐ Qualified fiduciary ☐ Officer of Condominium Association ☐ Officer of applicant's corporate member or partner.

(name of corporation: _____)

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	Signature	Name (Please Print)	Date